



# Competent parenting: Challenges and Future Directions

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# Disclosure statement

- The Triple P-Positive Parenting Program is owned by the University of Queensland. Triple P International Pty Ltd is licensed by UQ to disseminate the program worldwide
- Royalties are distributed to the Faculty of Health and Behavioural Sciences, School of Psychology and contributory authors
- Professor Sanders is the founder, lead author and a consultant to Triple P International

# A place to raise healthy, competent well adjusted children might be like

- Values, supports and celebrates the importance of the parenting role in raising children
- Recognises and promotes the idea that the wellbeing of children and families is a shared community responsibility
- Respects a parent's role in determining the values, skills and behaviours they want to promote in their children and the parenting practices they use to get there
- Promotes the social and cultural connectedness of families

- 
- 
- Supports family self-regulation and autonomy in raising children
  - Makes high quality, culturally informed, evidence-based parenting support programs accessible for all families.
  - Ensures that parents are empowered and skilled to participate in planning and decision making that impacts on children and families



# Our aspiration

All parents have  
knowledge, skills  
and confidence to  
raise their  
children a safe,  
loving, low conflict  
world

Positive parenting  
becomes socially  
normative

Adverse Childhood  
Experiences are  
minimized

Population-based  
approaches to  
parenting support  
become a policy  
priority

Who benefits?

# Children's relationships really matter

Positive, nurturing  
relationships lay the  
foundations  
(Biglan, 2015)



Secure bonding  
Better self regulation  
Fewer SEB  
Academic success



Good life course  
outcomes

Dysfunctional  
relationships cause  
toxic stress



Poorer self regulation  
Increased risk of SEB  
problems  
Greater risk of  
antisocial behavior,  
substance abuse



Poor life course  
outcomes

# Adverse Childhood Experiences (ACEs) and Life course outcomes

## Types of ACE's

### ABUSE

- Physical
- Emotional
- Sexual

### NEGLECT

- Physical
- Emotional

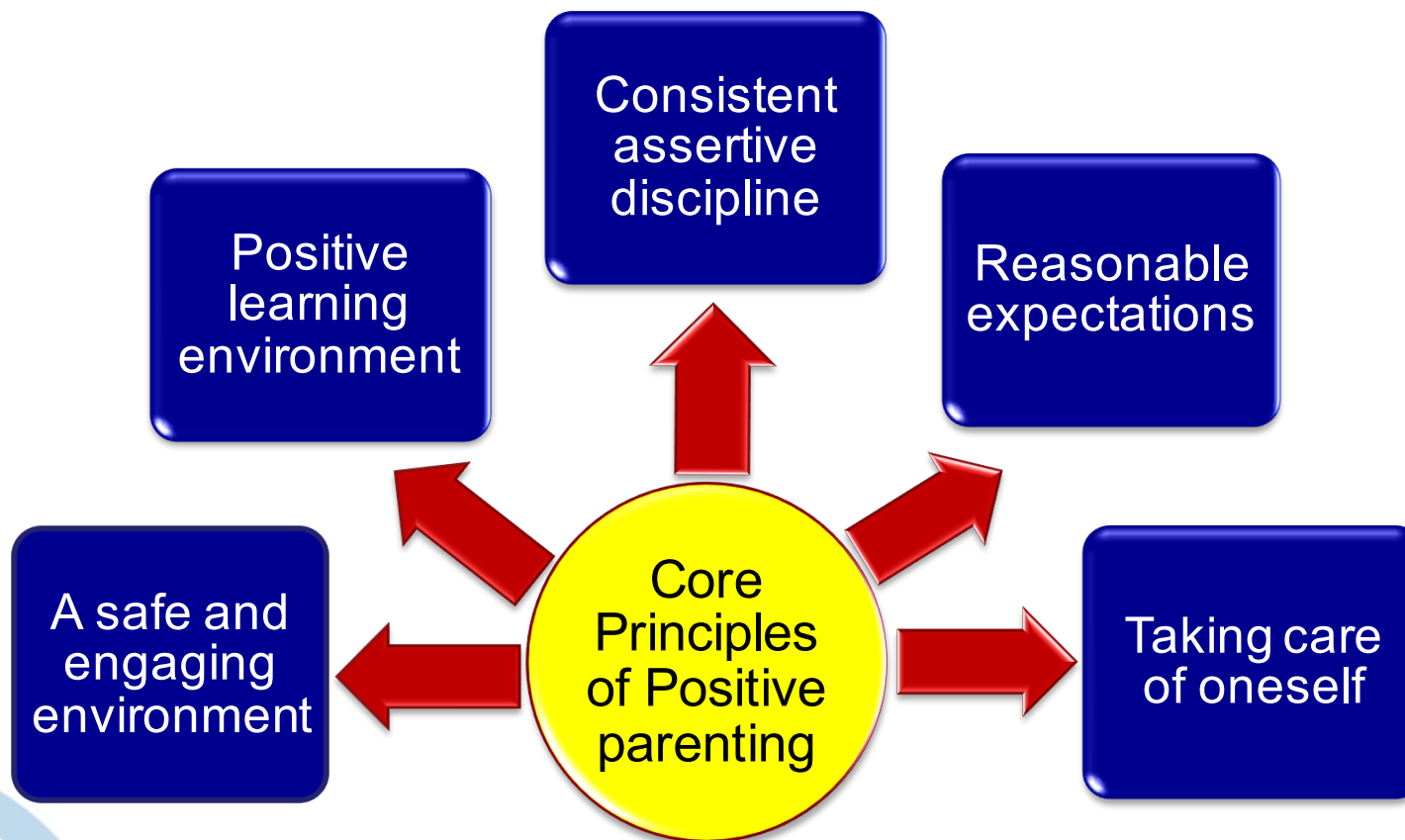
### HOUSEHOLD DYSFUNCTION

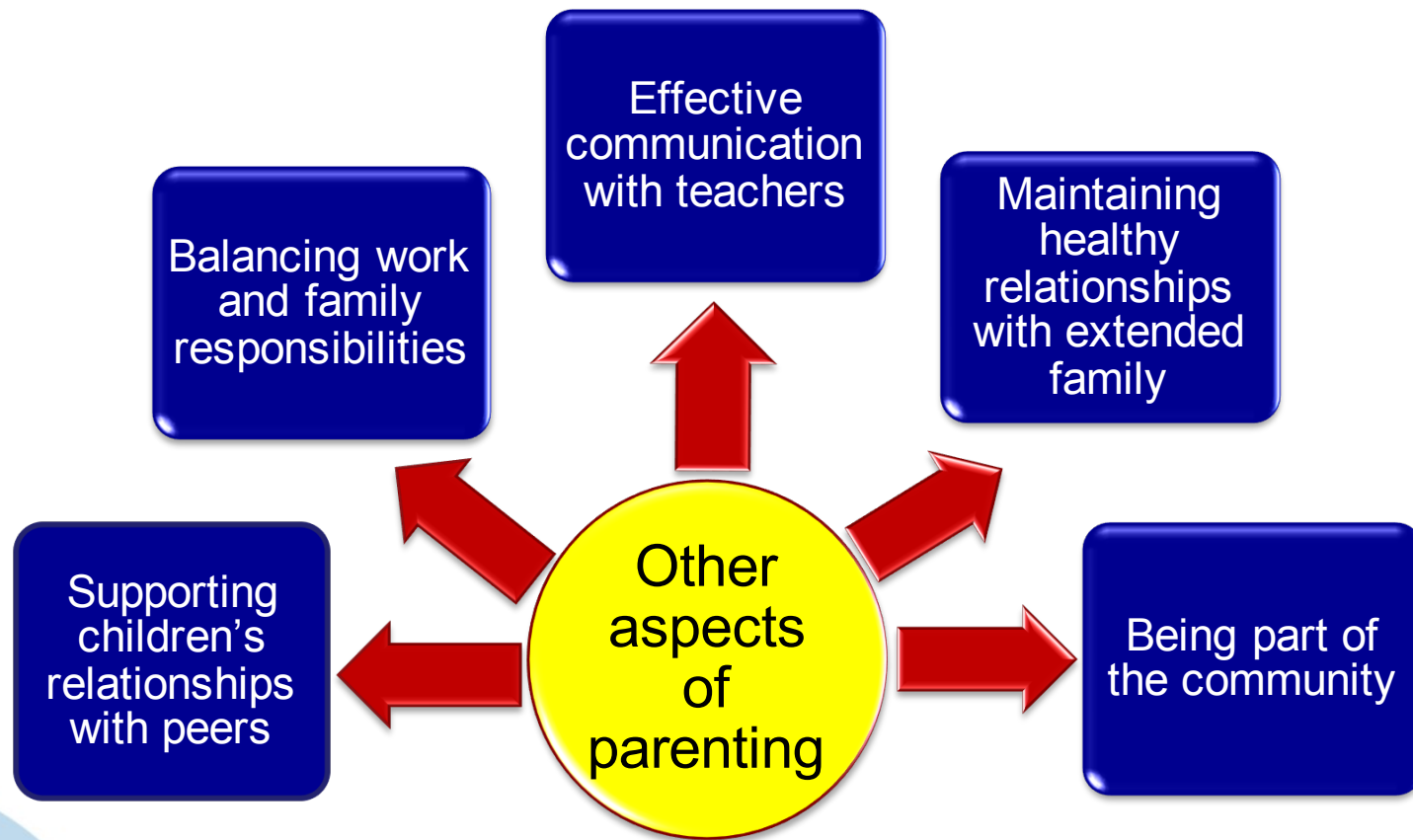
- Mental Illness
- Incarcerated relative
- Mother treated violently
- Substance abuse
- Divorce

A person  
with 4 or  
more  
is....

- 12.2 times as likely to attempt suicide
- 10.3 times as likely to use injection drugs
- 7.4 times as likely to be an alcoholic
- 2.4 times as likely to have a stroke
- 2.2 times as likely to have ischemic heart disease
- 1.9 times as likely to have cancer
- 1.6 times as likely to have diabetes

# Broadening our conceptions of competent parenting





# Adopting a population approach has important implications

- Started to focus on different outcomes
- Developed a “system” that blends targeted and universal interventions
- Focused on a multidisciplinary, multiagency workforce
- Needed to be comprehensive (covering multiple stages of development and complexity of problems)
- Needed to be inclusive of all families
- Needed to be culturally informed and relevant
- Needed different funding mechanisms

# Find the right option



Breadth of reach



Intensity of intervention

Intensive family intervention.....

Level 5

Broad focused parenting skills training.....

Level 4

Narrow focus parenting skills training.....

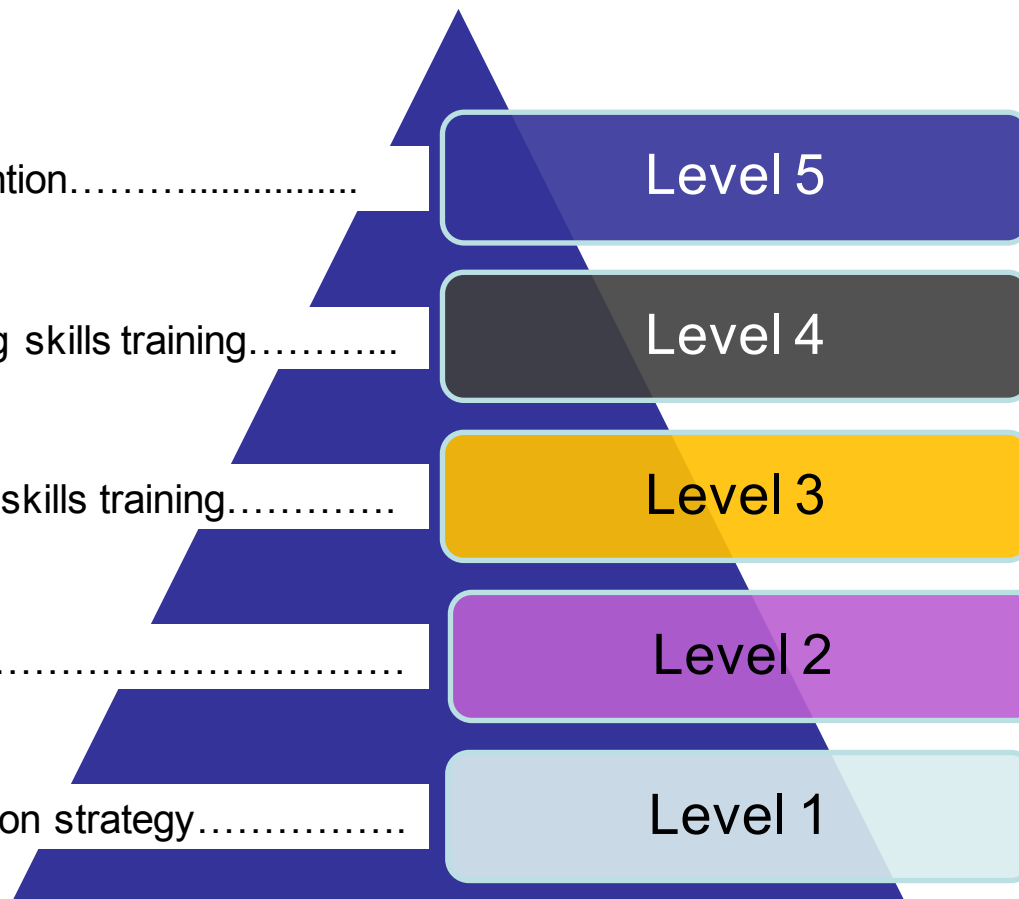
Level 3

Brief parenting advice.....

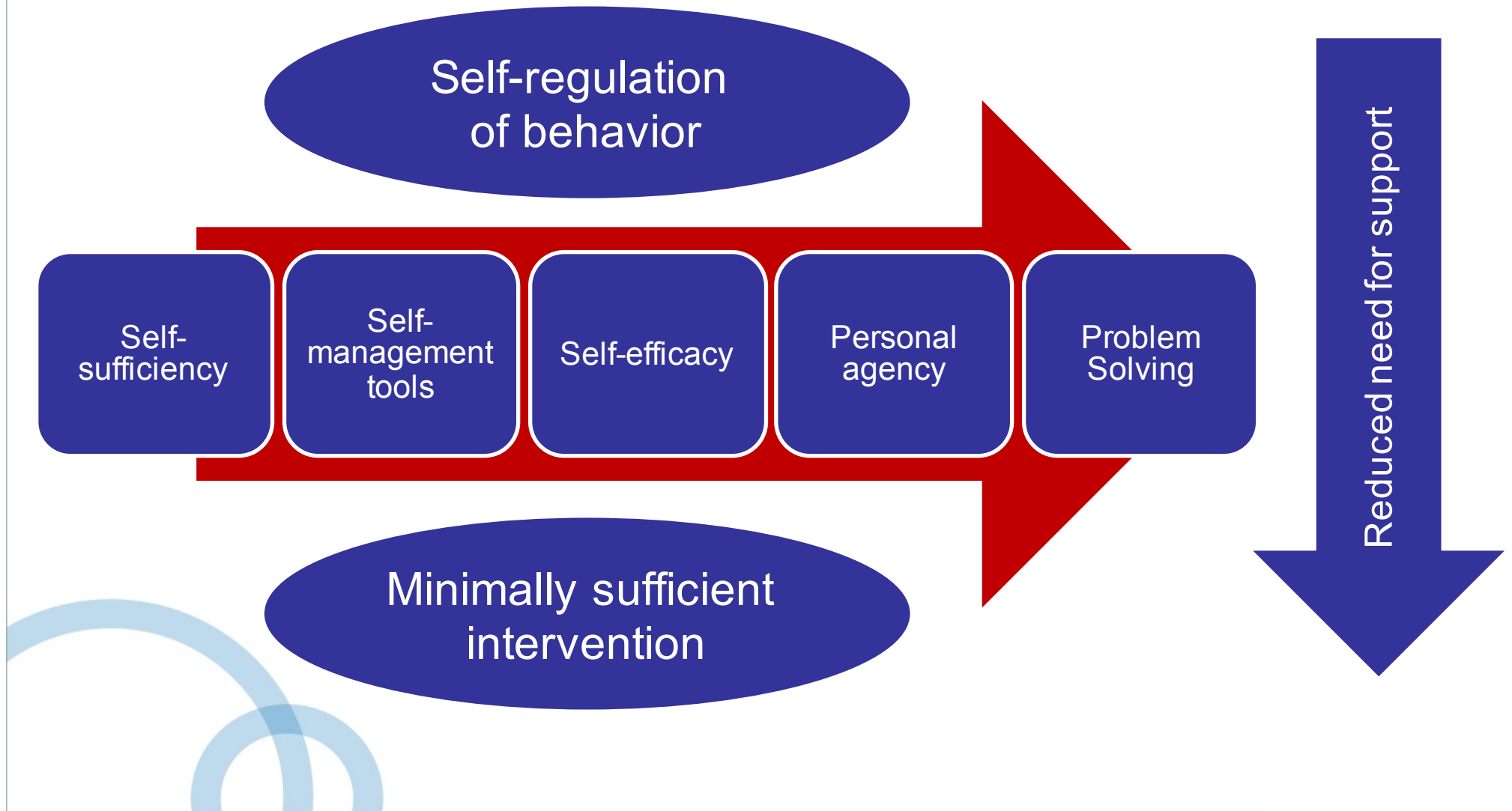
Level 2

Media and communication strategy.....

Level 1



# Why we adopted a self-regulatory framework





# Self regulation applies to children, parents, practitioners and agencies

Parents with children



Practitioner with parents

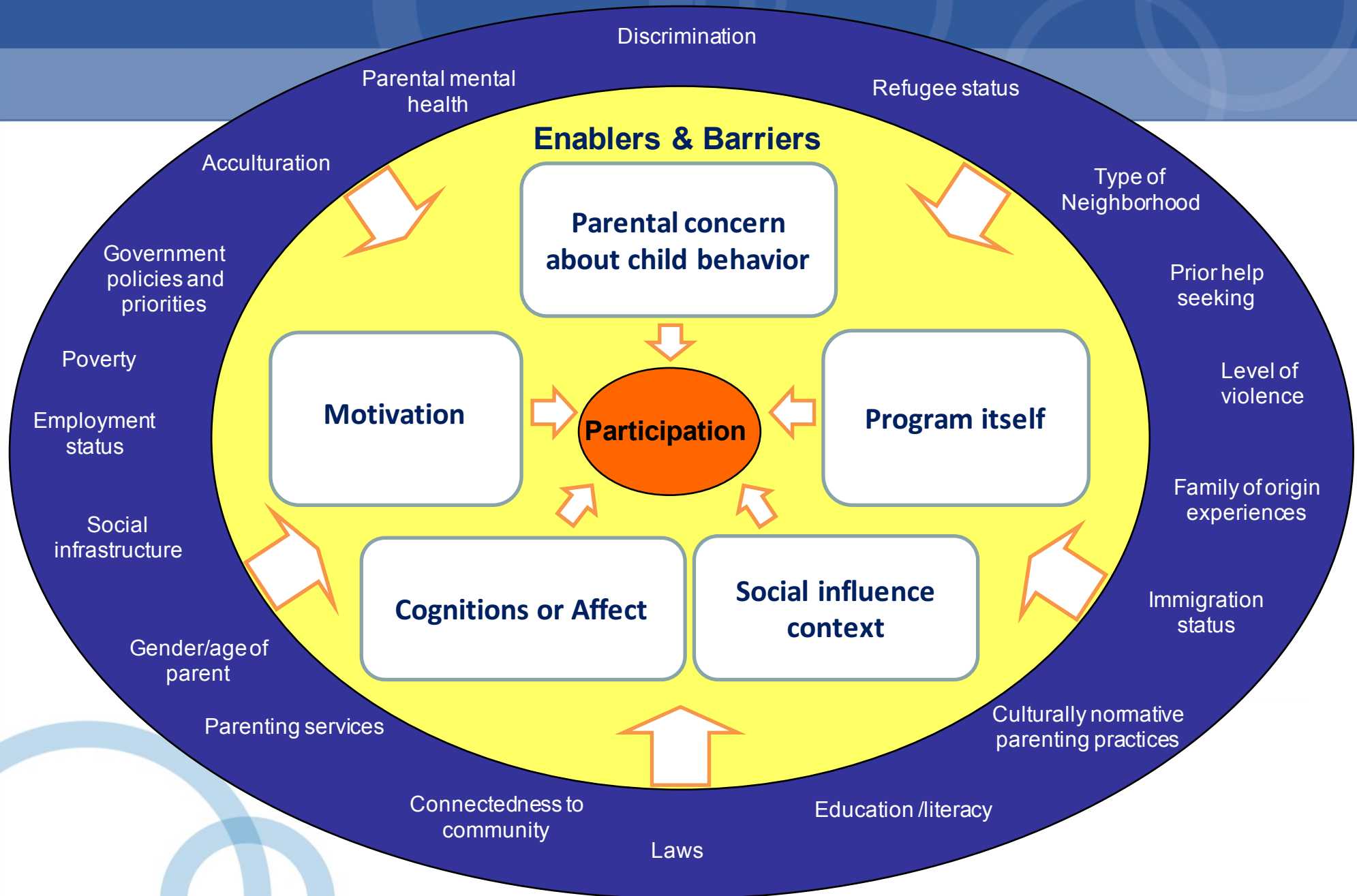


Trainers and supervisors  
with practitioners



Purveyors with  
organizations

# Ecological context matters



↓ Harsh,  
Coercive  
Parenting

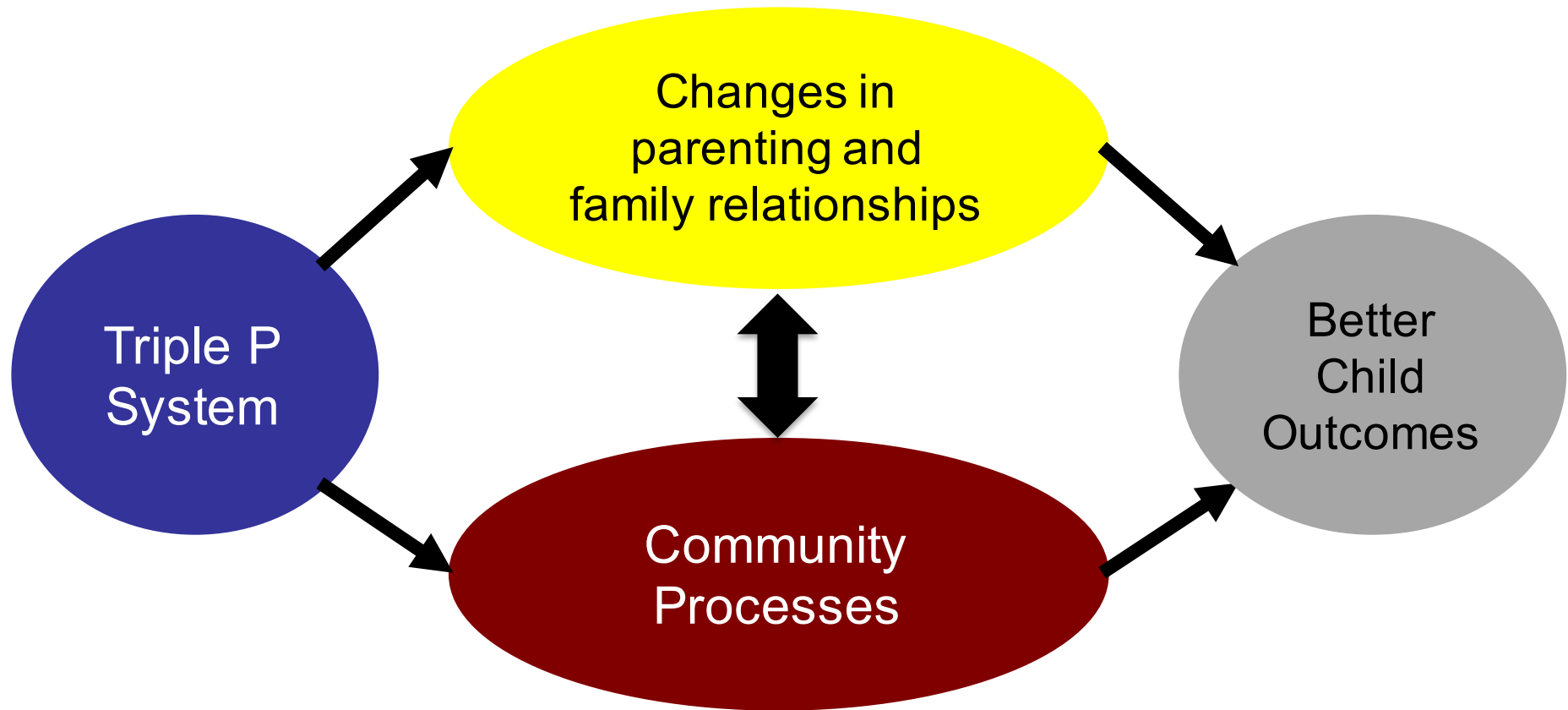
↑ Parental  
Self  
Efficacy

↑ Positive  
Parenting

↑ Parental  
Teamwork

↑ Family  
Conflict

↑ Parent  
Wellbeing



Community  
Social Capital

Social Cohesion  
and Trust

Social Support  
for Parenting

Collective  
Efficacy

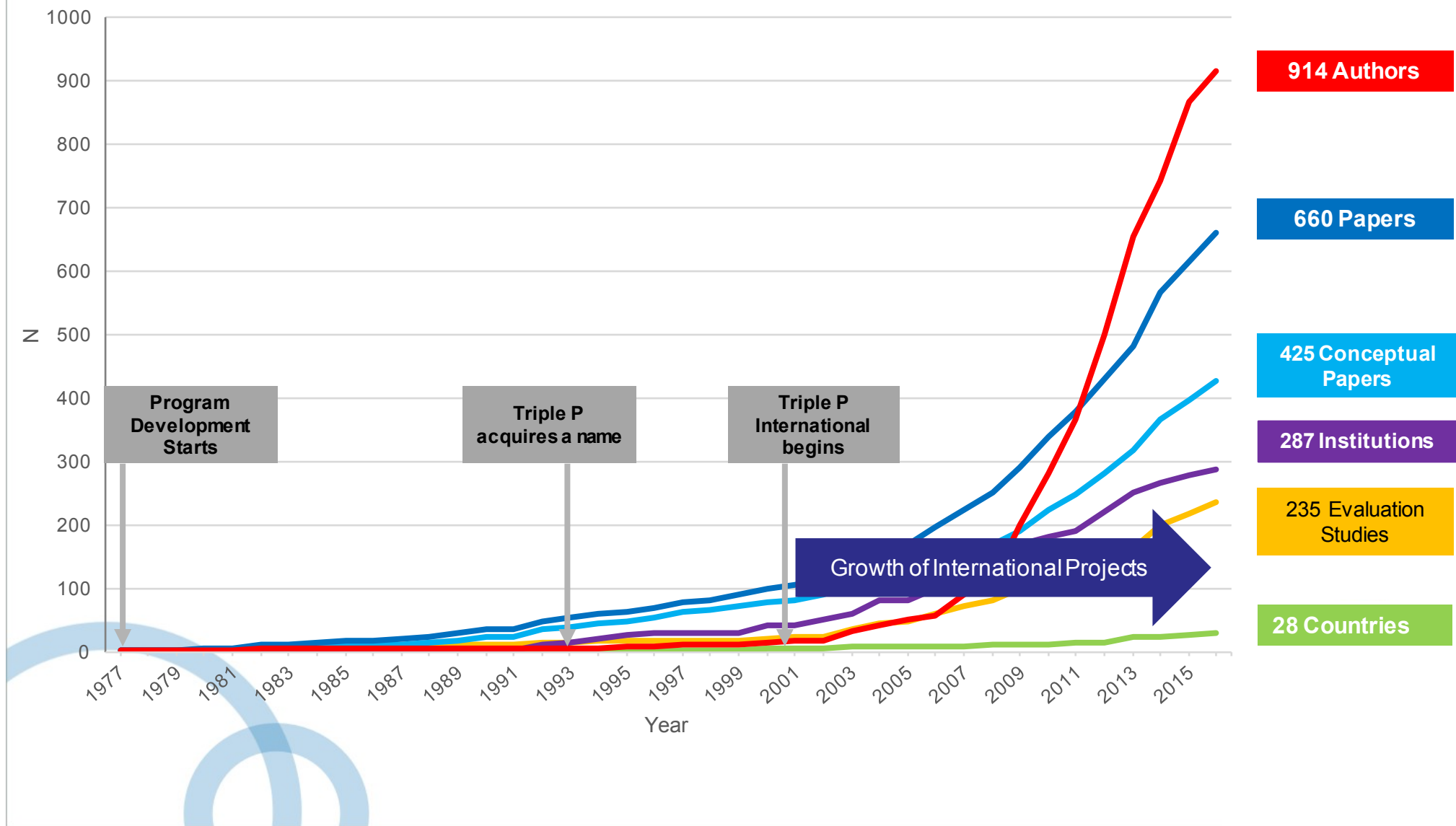
# Questions concerning effectiveness of Triple P are complex

What intervention delivered by whom, in what context via which delivery modality is effective with what kind of parent, child or youth problems, at what age, in what family, cultural and community context?  
...and how does the intervention effect come about?

Adapted from Gordon Paul (1969). Behavior Therapy Appraisal and status.  
McGraw-Hill

# Building an evidence base takes time

as at May, 2016



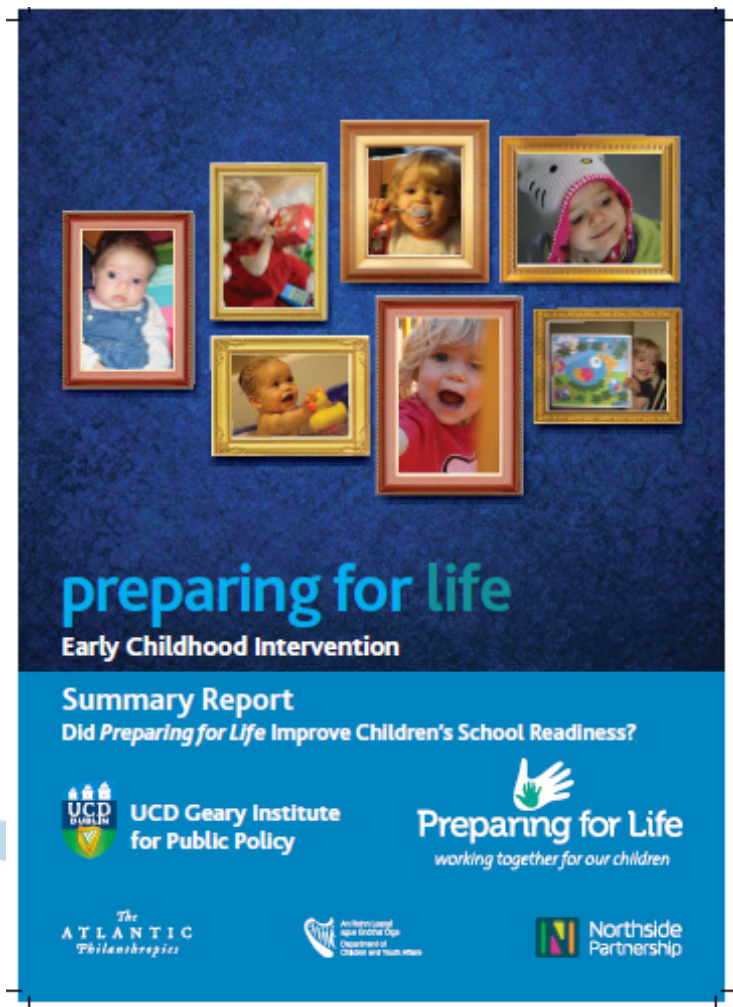
# Types of evidence

- **Single-case experiments** (Sanders & Glynn, 1981)
- **RCTs** (Sanders et al, 2000)
- **Place based RCT's** (Prinz et al, 2009, 2016)
- **Quasi-experimental studies** (Zubrick et al, 1995)
- **Evaluations in LMIC** (Mejia et al, 2014)
- **Multiple meta analyses** (Sanders et al, 2014; Nowak & Heinrichs, 2008)
- **Service-based evaluations** (e.g. Santa Cruz, NSW)
- **Consumer preference studies** (Metzler et al, 2013)
- **Training, implementation and supervision studies** (Hodge et al, 2016)
- **Evaluations in diverse cultures** (Sumagi et al, 2015)
- **Qualitative studies** (Frank et al, 2015)

# The importance of parenting programs in a school context

- Early parenting influences children's readiness for school
- Parenting influences children's learning and academic achievement
- Parenting influences teacher level of occupation stress and burnout
- Parenting influences the quality of children's social and peer relationships

# Targeted early intervention with vulnerable families



- 51 hours of home visits
- 49 minutes per visit
- 50 visits (0-145)
- 96 had at least 1
- Older mothers, who were employed during pregnancy engaged in more HV's



# Intervention Conditions

## High Treatment (N=115)

- 100 Euro worth of toys annually and book packs
- Facilitated access to enhanced preschool
- Public health workshops  
Facilitated access to local services
- Access to social events

PLUS

Mentoring (until 4 or 5 years)

Triple P (PC, Discussion Groups,  
Group-years 2-3)

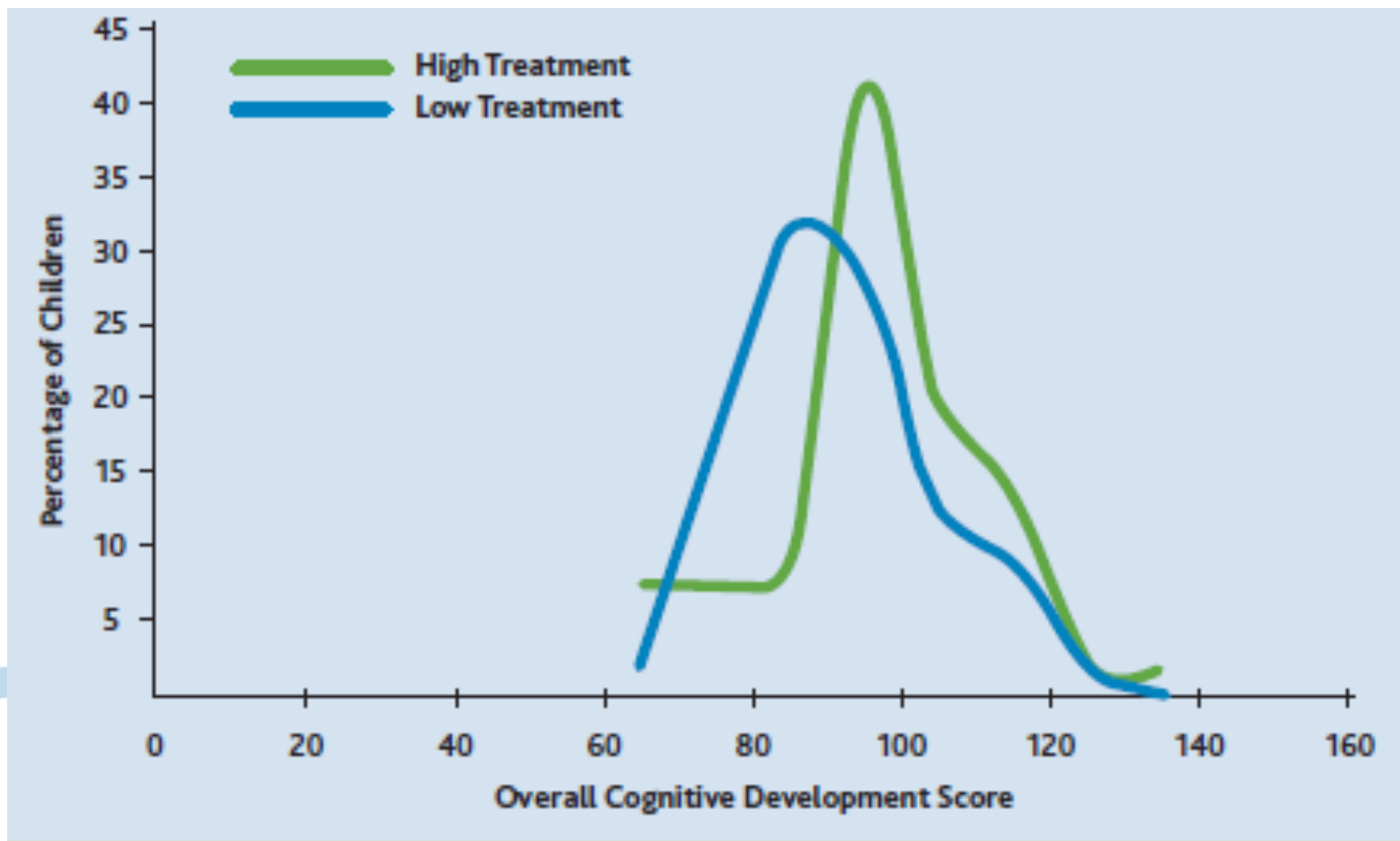
Baby Massage (year 1)

## Low Treatment (N=118)

- 100 Euro worth of toys annually and book packs
- Facilitated access to enhanced preschool
- Public health workshops  
Facilitated access to local services
- Access to social events

# Effects on Cognitive functioning

## British Ability Scales (Elliot et al, 1997)

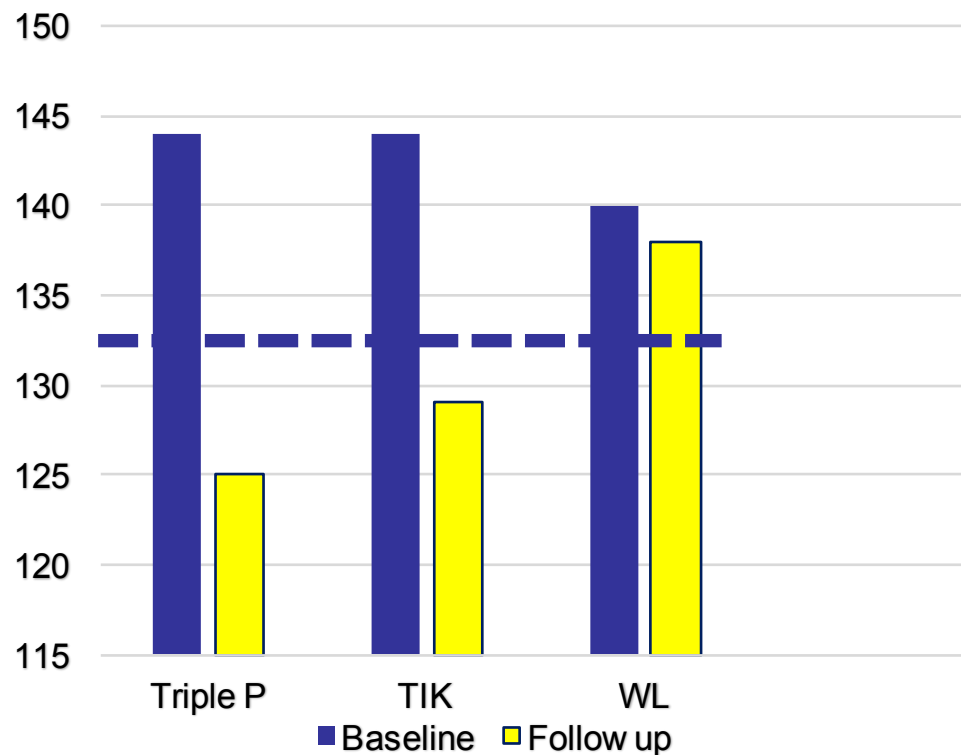


Areas of development	Impacts during the program	Impacts at school entry
Cognitive development	Cognitive improvements from 18 months onward	10 Point IQ gap between children in the high and low treatment groups
Language development	High treatment children were better at combining words at 24 months	25% of high treatment children had above average verbal ability compared to 8% of low treatment children
Approaches to learning	High treatment children showed better approaches to learning from 36 months	High treatment children were better able to control their attention than low treatment children
Social and emotional development	2% of high treatment children were at risk of behavioural problems compared to 17% of low treatment children at 48 months	25% of high treatment children not on track in their social competence compared to 43% of low treatment children
Physical wellbeing and motor development	24% of high treatment children were overweight compared to 41% of low treatment children at 48 months	High treatment children had better gross and fine motor skills

# Group parenting program reduces conduct problems at home and school

(48 schools randomised, 373 children)

## ECBI Intensity Scores



Effect sizes: Triple P  $d=.4$ , TIK  $d=.4$

### Other effects

- Teacher report SDQ Conduct (Triple P  $d=.3$ , TIK  $d=.4$ )
- Child report : Triple P  $d=.3$ ,  $d=.3$ )

Duncome, Havighurst et al (2016). Comparing an Emotion-and a Behavior Focused Parenting Program as part of a Multisystemic Intervention for Child Conduct Problems. *Journal of Clinical Child and Adolescent Psychology*, 45, 320-334.

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graph LR; A[The internet is a preferred way of accessing new information] --> B[TPOL works. How can we enhance the effects of TPOL?]; B --> C((Does adding phone support improve outcomes?));
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The internet is a preferred way of accessing new information

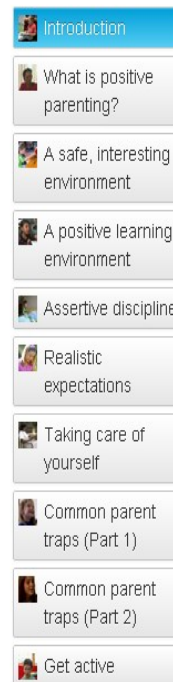
TPOL works.  
How can we enhance the effects of TPOL?

Does adding phone support improve outcomes?

# Online Parenting Programs Work

## TPOL is an 8-module Level 4 Triple P intervention

- Mentor introduces and summarises modules
- Video clips of families in action
- Interactive exercises
- Individual goal setting, feedback and weekly check in
- Downloadable worksheets
- Personalised and printable parent workbook (email or Word file; full text and bullet point versions)
- Downloadable podcasts
- Review and reminder strategies (text messages, emails)
- Self-regulatory focus with decreasing support



What is positive parenting?  
Introduction



In this module

# Does adding phone support improve outcomes?

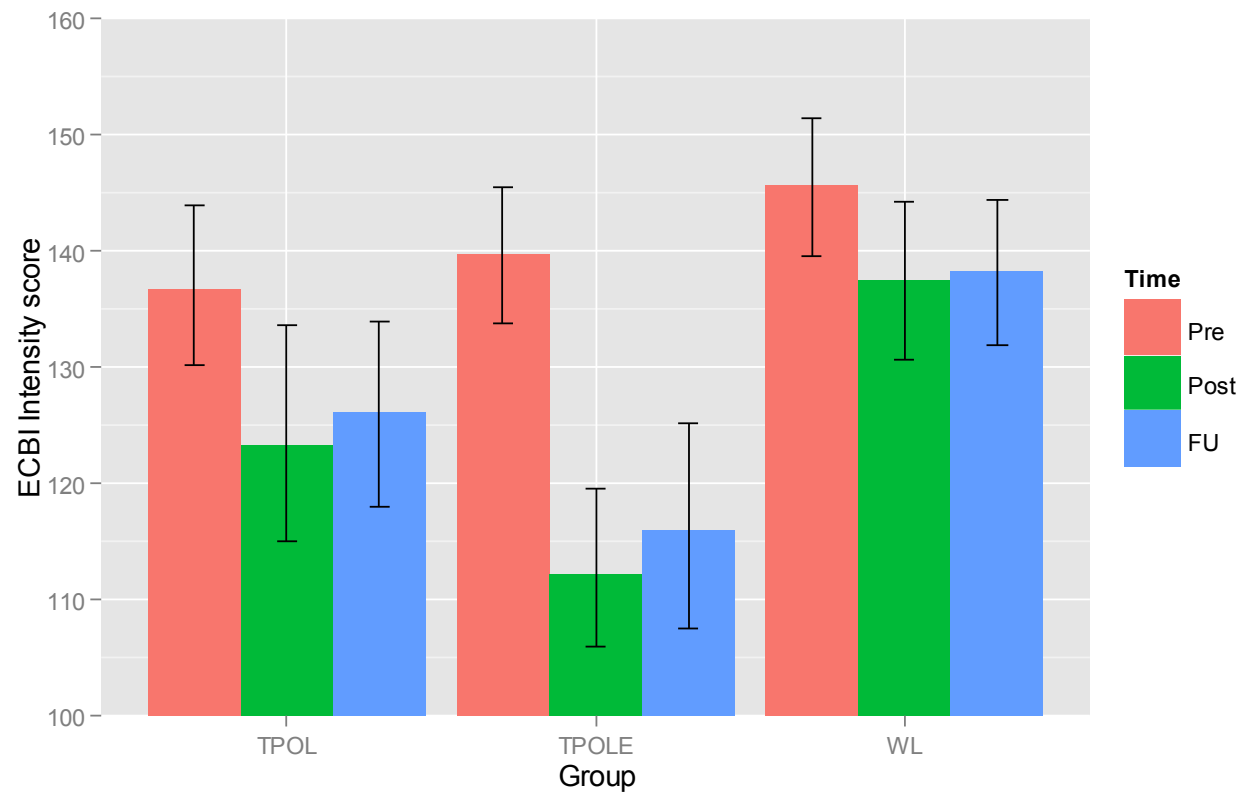
Day & Sanders (2016)

Up to 8 weekly telephone consultations with a Triple P practitioner

- To discuss parenting-related questions/issues
- To promote parent's self-regulatory skills
- To encourage program adherence



# Primary Child Outcomes



## Pre-FU

WL vs Active\*

( $d = 0.3$ )

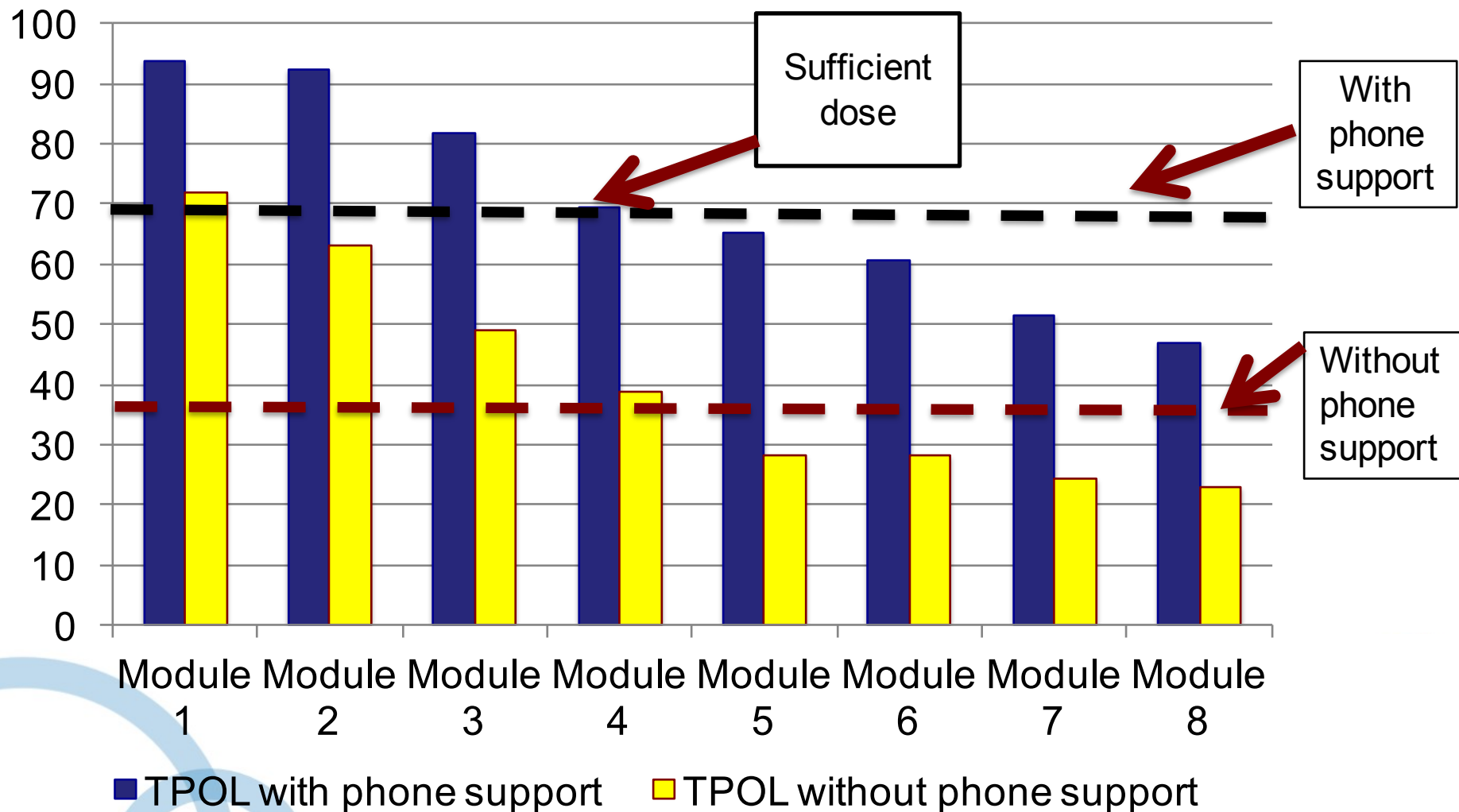
TPOL vs TPOLE\*\*

( $d = 0.34$ )



# Phone support aids module completion

70.2 % vs 40.8%



# Increased parental self efficacy mediates decreases in negative parenting

## **Self-guided TPOL**

- Parents with higher levels of depression at baseline:
  - Showed less improvement in self efficacy
  - Fewer modules completed

## **TPOL with professional support**

- Parents with higher levels of depression *did just as well* as those with lower levels of depression
  - parenting confidence
  - module completion)

Minimal practitioner support (mean=1.5 hours) buffers adverse effects of depression on outcome

# Implications

- TPOL works (5 RCT's) for children with early onset conduct problems and ADHD
- Is very cost effective
- Effects enhanced by professional support for some parents
- Useful to screen for pre-existing levels of adjustment difficulties (e.g. depression)
- Engagement process very important

# What about long-term effects?

- Sanders et al (2014). 70 Studies with follow up (2 – 36 months)-
- Hahlweg et al (2015) conducted **10 year follow up** (90% retention) of universally offered Group Triple P
  - Significant reductions of child behavioral and emotional problems at 10 year follow up for Internalizing problems, externalizing problems, parenting practices
- Smith (2015) conducted **15 year follow up** of linked administrative data.
  - Higher levels of literacy and numeracy, school attendance (Grade 11), fewer emergency room visits

# A blueprint for a achieving population level change

Clear documentation of need

An explicit theoretical framework

Build a strong evidence base

Involve consumers to shape program

Use cost effective interventions

Use diverse access points

Use intensive programs sparingly

Strengthen social structures to support parenting

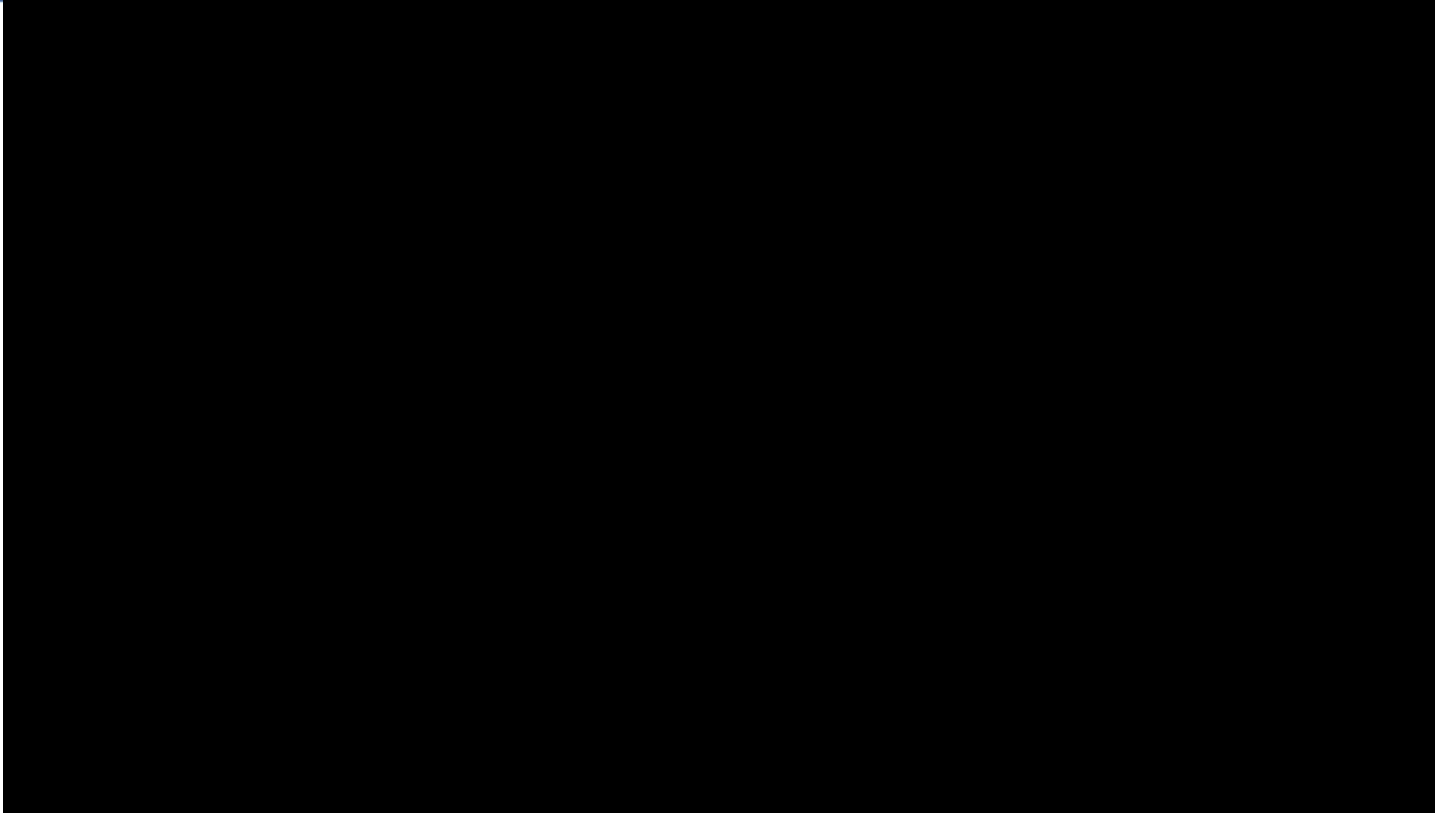
Employ sustainable system of dissemination

Population level outcome data relevant to policy

# Queensland Government Rollout

- \$6.6 million rollout
- An estimated 140,000 parents and carers across QLD will be able to access free Triple P
- Seminars, Discussion Groups, Group Triple P, Primary Care and Standard Triple P, Triple P Online
- Parents of children up to 12 plus
- Teen Triple P range for parents of adolescents up to 16 year olds

# QLD Government Rollout





# Every Family

The Australian Triple P System Population Trial

**Parenting and Intergenerational disadvantage:**  
*A population trial of the Triple P system of parenting and family support*

## Chief Investigators

Professor Matthew Sanders  
Professor Michele Haynes  
Professor Stephen Zubrick  
Professor Janeen Baxter  
Professor Mark Westerm

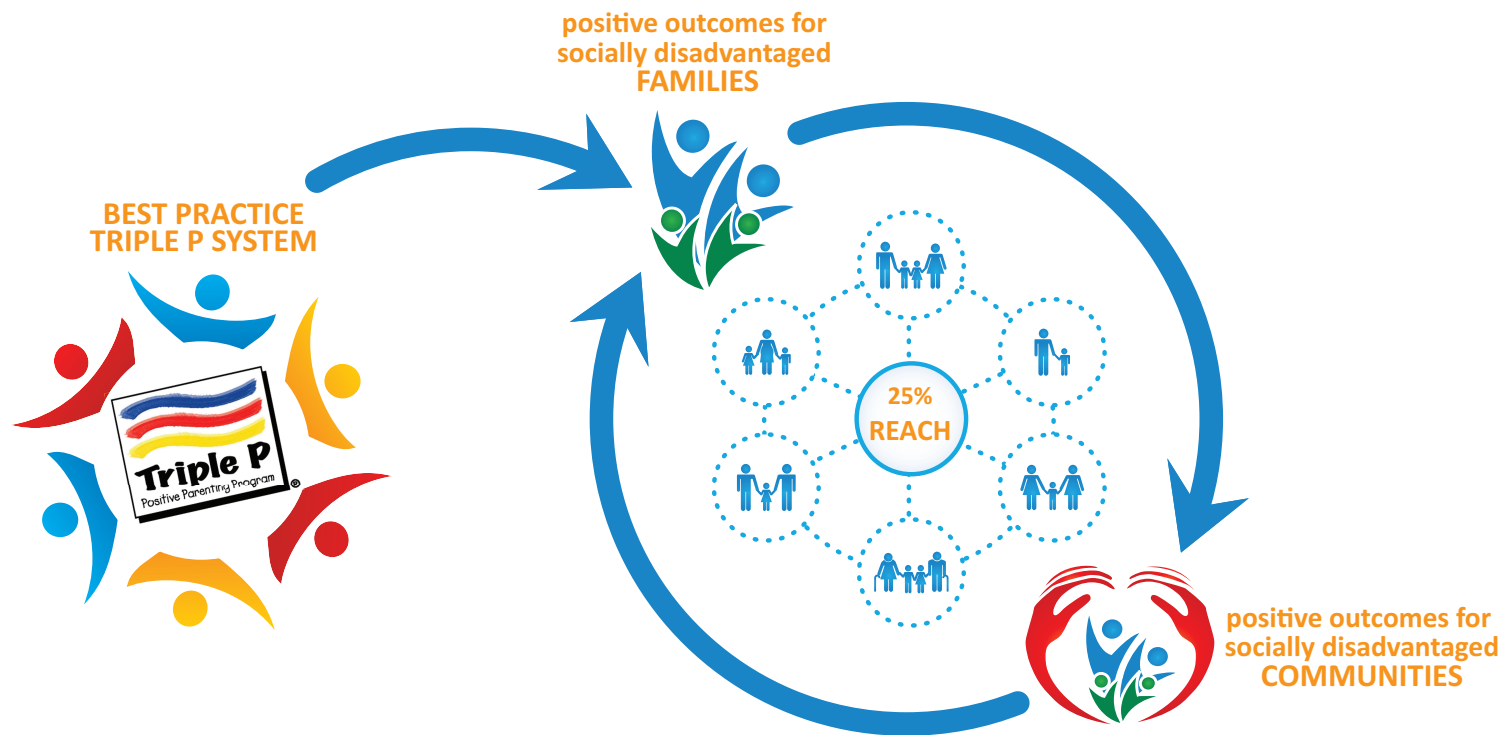
## Associate Investigators

Dr Kylie Burke  
Mr Francis Mitrou  
Professor Ron Prinz  
Assoc Prof Alina Morawska  
Dr Bernie Baffour  
Dr Orla Doyle



# Aim

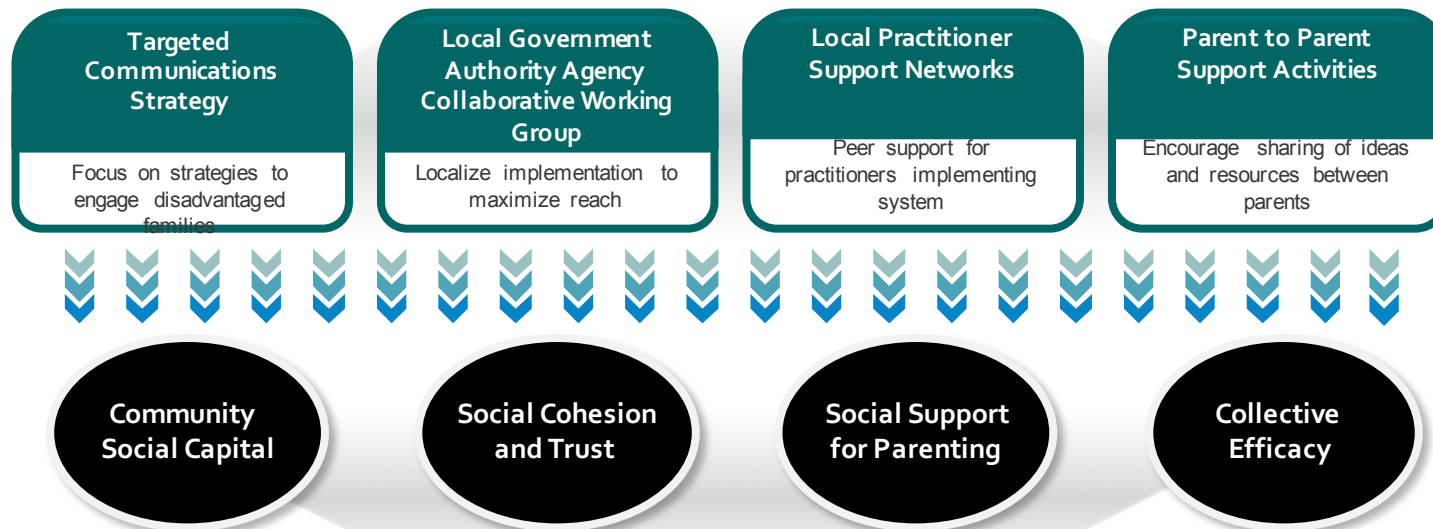
Investigate the whole of **community effects** of a **population-based** approach to the provision of **parenting support** for **high risk, low socio-economic communities**





# Best Practice Implementation of Triple P System

## Activation of Community Change Processes



# Hypotheses

## **Primary Outcomes: The well-being of children**

Children living in communities that have implemented the **best practice Triple P System (Every Family)** will experience **better well-being than children** living in communities where **Triple P is not present (Control)**.

### **Primary Outcomes**

- **Lower rates of child maltreatment**
- **Lower rates of emergency hospital admissions**
- **Lower rates of out of home placements**

### **Measures**

- Notifications, substantiations (a. children in need of protection; b. children not in need of protection)
- Maltreatment related injuries
- Out of home placements

### **Source**

Child protection data (DCCSDS)

Hospital data (AIHW)

Child protection data (DCCSDS)

# Hypotheses

## **Secondary Outcomes:** Child, Parent, Family and Community Outcomes

### **Every Family vs. Control Communities**

#### **Child Outcomes**

- Greater school success
- Less developmental vulnerability

#### **Parent and Family Outcomes**

- Higher reports of good to excellent family cohesion
- Lower proportions of parents with mental health issues

#### **Community Outcomes**

- Higher percentage of families who perceive their neighbourhood to be safe
- Increase in seeking assistance through treatment and support services

**Anticipated Data Sources:** Births, Deaths and Marriage; General Social Survey; PBS; AEDC; NAPLAN; Education; Labor Force Survey

# Design

**Quasi-experimental observational study** that will use Propensity Score Matching (PSM) to establish a set of **Every Family (Intervention)** and **Control Communities** that are **matched** on a number of observed **characteristics**

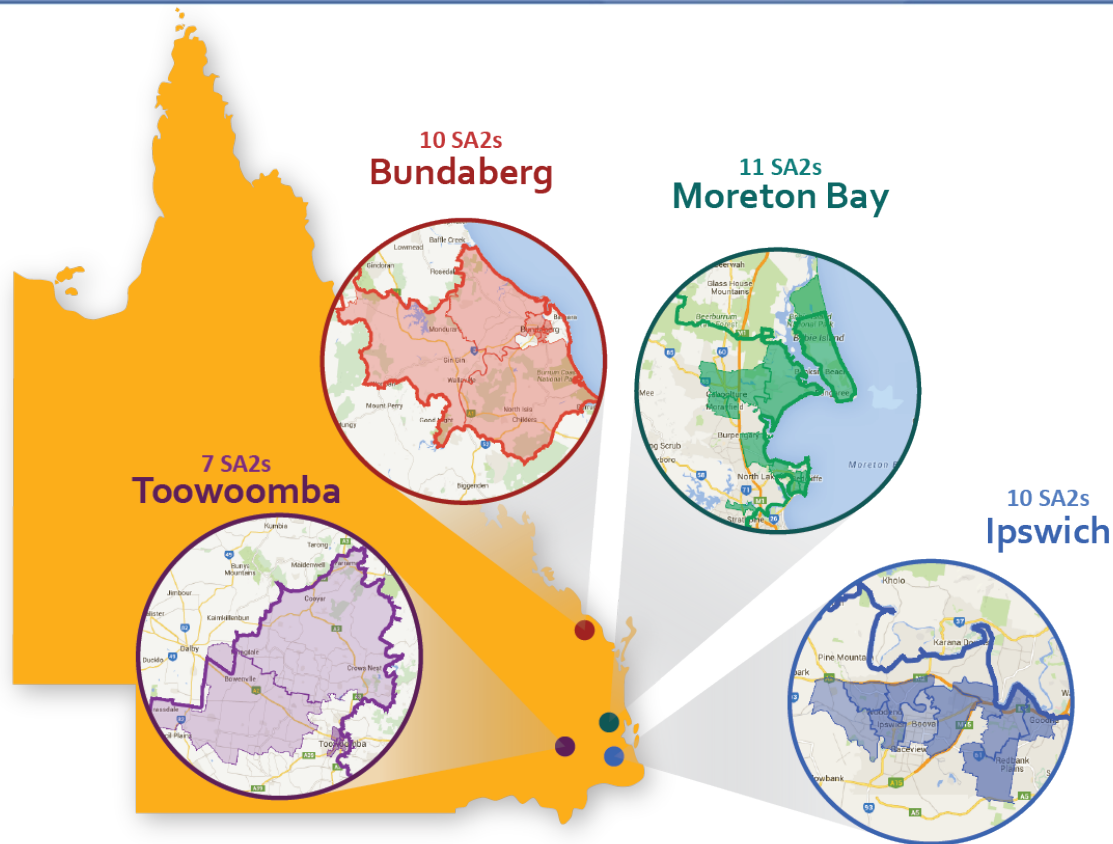
## Selection of Communities

Selected at the **SA2 level** which represent a community that interacts socially and economically

- **Queensland community (Every Family)**
- **Rest of State community (Control)**
- **Bottom 30%** on the ABS SEIFA index of relative socio-economic disadvantage
- **350+ families** with children **3-8 years old**
- **Less than 30% Indigenous** population
- **Locality** (Urban/Rural)
- **Matched** on above and other **demographic** and **geospatial characteristics** e.g. cultural diversity, access to services



# Implementation



## Total of 38 Every Family Communities within four LGAs

- **Delivery of best-practice Triple P** will be carried out at the **Local Government Area (LGA)** level targeting four LGAs with the **highest number of potential eligible SA2's**
- All **eligible SA2's** in each of the **4 LGA's** included as Intervention communities



# Where we have got to?

- 26 countries from every continent
- 6,488 courses run
- 97,656 training places
- 68,872 practitioners
- Reaching millions of children



# We've only just begun..

- World population: **7.3 billion**
- World population of children aged 0-14 years: **1.9 billion**
- **145 million** children are born each year (399, 926/day or 278/minute)
- World population from less developed countries: **6 billion**
- **28/196** (12.76%) countries have contributed to the published evidence base on Triple P



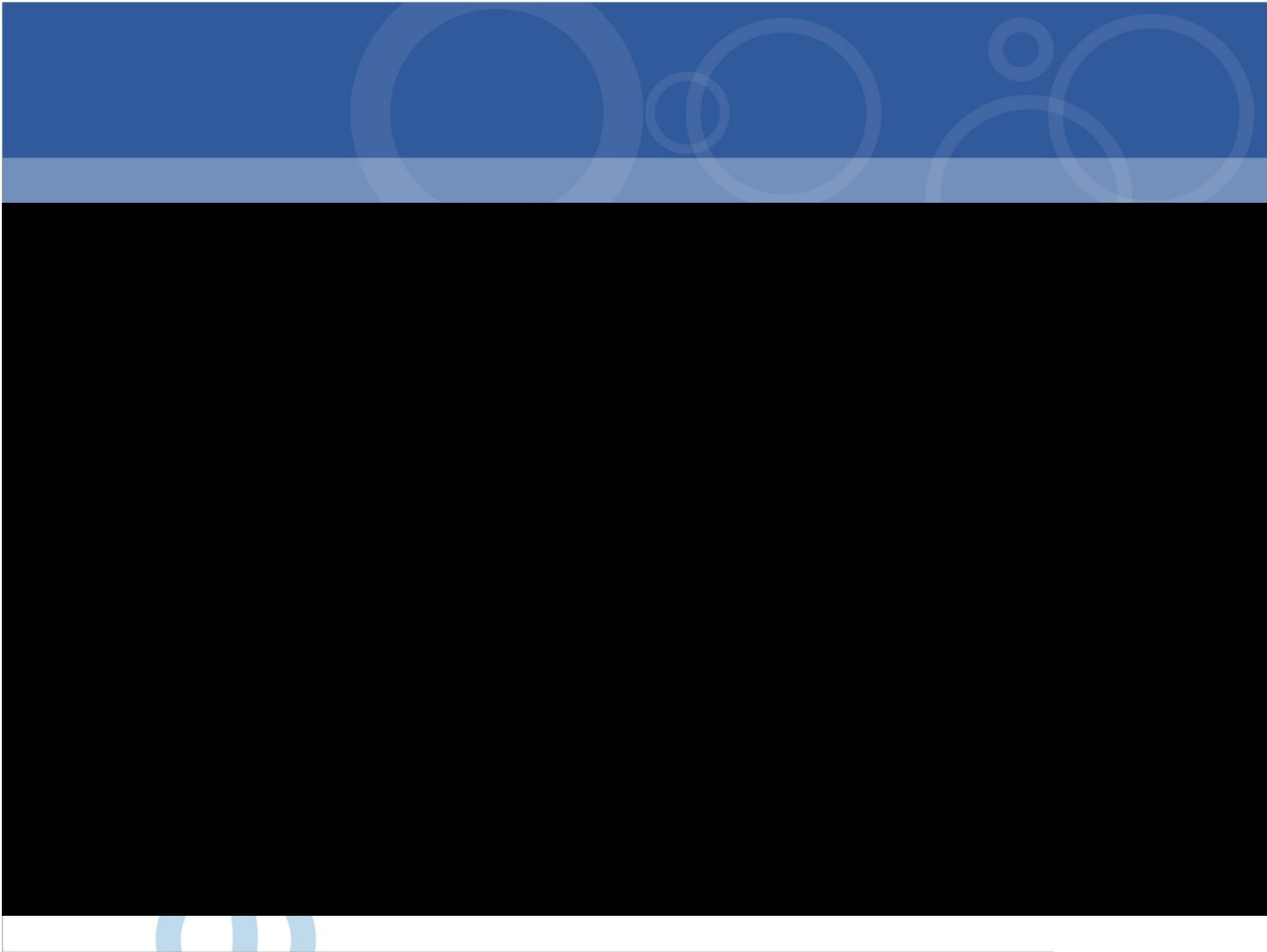
Population Reference Bureau. (August, 2015). *2015 World Population Data Sheet*. Retrieved from [www.prb.org](http://www.prb.org)

United Nations, Department of Economic and Social Affairs, Population Division. (2015). *World Population Prospects: The 2015 Revision, Key Findings and Advance Tables*. Working Paper No. ESA/P/WP.241



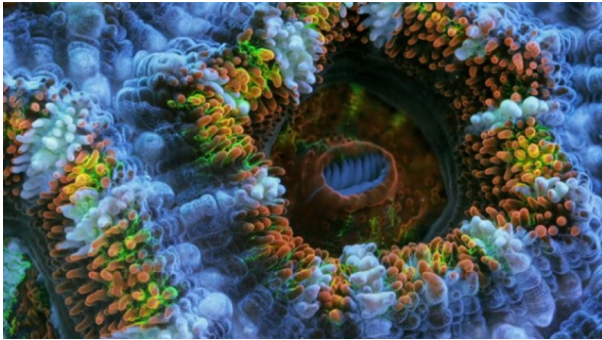
# ....Good parenting and problems of global significance







# Using population-based parenting support to tackle major environmental problems



Depletion of fish stock from our oceans-damage to coastal reefs

- Working with climate scientists/marine biologists
- Changing environmentally harmful practices
- Family-based cultural change



Pollution as a result of burning biomass to meet basic energy needs

Working with engineers interested in poverty reduction



Animal welfare

Working with Vet scientists

# A final word

We have learnt  
a lot about how  
to build the  
capacity of  
parents to raise  
well adjusted  
children

Activation of  
community-wide  
processes to  
support positive  
parenting

Population-  
based  
approaches to  
parenting support  
should become a  
policy priority

Population level  
change in parenting  
is an achievable  
goal



# Thank you for your attention

## More information

[pfsc.uq.edu.au](http://pfsc.uq.edu.au) (R and D)

[triplep.net](http://triplep.net) (training and dissemination)

[tprn.net](http://tprn.net) (research network)

[helpingfamilies change.org](http://helpingfamilieschange.org) (Triple P conference)

